

HAWAII STATE ETHICS COMMISSION

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Web site: www.hawaii.gov/ethics

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LOBBYIST REGISTRATION FORME OF HAWAII (Type or Print Clearly) STATE ETHICS COMMISSION

(Type or Print Clearly) PART I LOBBYIST NAME (Last) (First) (Middle) **TELEPHONE** Е 539-0400 Mihoko lto FAX 533-4945 MAILING ADDRESS (Street) 1099 Alakea Street, Suite 1400 **EMAIL** mito@awlaw.com (City) (State) (Zip Code) 96813 HI Honolulu EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** 539-0400 Slovin & Ito, LLP MAILING ADDRESS (Street) FAX 533-4945 1099 Alakea Street, Suite 1400 **EMAIL** (State) (Zip Code) (City) HI 96813 Honolulu

PARTII ORGANIZATION		
NAME OF ORGANIZATION YOU L	TELEPHONE	
MultiState Associates Inc.	703-684-1110 FAX 703-684-7912	
MAILING ADDRESS (Street)		
515 King Street, Suite 300		EMAIL
(City)	(State)	(Zip Code)
Alexandria	VA	22314
NAME OF PERSON RESPONSIBLE FO	TELEPHONE	
Carrie E. Castro		703-684-7912
MAILING ADDRESS (Street)		FAX 703-684-7912
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Alexandria	VA	22314

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY				
☐ Agriculture	☐ Education	☐ Human Services	Science, Technology & Economic Development	
Communications & Public Utilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	Tourism & Recreation	
Consumer Protection & Commerce	Hawailan Affairs	Labor & Employment	☐ Transportation	
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & WaterUse Management	Other: (indicate below)	
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections		
PART IV CERTIFICATION	ON OF LOBBYIST			
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.				
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	NOU ()		- CO. DO()	
(Signature of Lobbyist) (Date)				
PART V AUTHORIZATION TO LOBBY				
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED			
Paul W. Hallman	President, MultiState Associates, Inc.			
NAME OF ORGANIZATION (if applicable)			TELEPHONE	
MultiState Associates Inc. on behalf of Local Search Association			703-684-1110	
MAILING ADDRESS (Street)			FAX 703-684-7912	
515 King Street, Suite 300			EMAIL castro@multistate.com	
(City)	(State)		(Zip Code)	
Alexandria	VA		22314	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.				
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(Signature of Authorizing Officer or Person Represented)			(Date)	

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